

Commonwealth of Massachusetts  
Executive Office of Public Safety and Security  
Office of Grants and Research  
Highway Safety Division  
10 Park Plaza, Suite 3720  
Boston, MA 02116  
Tel: 617-725-3301

Application Form

**FFY 2018 Child Passenger Safety Equipment Grant Program**

Deadline for Applications: August 18, 2017 at 4:00 PM

Applications received after the deadline will not be accepted.

**ASSURANCES**

The \_\_\_\_\_ municipality/organization acknowledges and if funded agrees to comply with all grant contract requirements and performance measures. This municipality or department understands and agrees that a grant received as a result of this application is subject to the regulations governing highway safety projects and grant management requirements and will comply with all State, Federal, and Office of Grants and Research Guidelines. Funding is based on availability of federal funds. I certify that the federal funds that may be received for this grant program do not supplant any other funds available to this department or municipality. I hereby acknowledge my understanding of the above grant requirements and will comply with the best of my ability:

\_\_\_\_\_  
Authorized Representative Name and Title (please print)

*Please note that the signatory must be authorized to enter into a contract with the Commonwealth, per the Authorized Signatory Listing form.*

\_\_\_\_\_  
Authorized Signature in **Blue Ink**

\_\_\_\_\_  
Date

**All sections must be completed to be eligible.**

Organization Name	
Organization Street Address	
Organization Mailing Address (if different)	
City/Town	
Zip Code	

Social Media (Y/N – If yes, provide account name)	
Twitter	
Facebook	
Other	

Grant Contact Name*	
Title	
Email Address	
Telephone	
Fax	

\*Contact person responsible for submitting application, managing program, and submitting monthly reports.

If multiple individuals will be responsible for these tasks, please include an additional page of contact information at the end of this document and indicate specific assignments/roles for each.

Chief/Organization Head Name	
Email Address	
Telephone	
Fax	

### **Department and Community Profile**

1. How many staff members are currently certified CPS technicians? One full-time CPS technician is mandatory for grant eligibility.
  
2. Provide names, certification #s, certification expiration date, and shift schedule for CPS technicians. Profile must be publicly listed on Safe Kids website for verification. Add more if necessary.

Name:  
# and Expiration:  
Shift schedule:

Name:  
# and Expiration:  
Shift schedule:

Name:  
# and Expiration:  
Shift schedule:

3. Does your organization have a fitting station (walk-in, weekly, monthly, by appt)?
  - a. If so, what are the days and hours of operation?
  
  - b. Where is or where will this information be advertised?
  
4. If your organization does not have a fitting station, please specify the day, times, locations and/or sponsors of two planned CPS checkup events. Events must occur between October 1, 2017 and September 30, 2018.
  - a. Where will these events be advertised?

5. How many car seats are currently in your inventory from previous Executive Office of Public Safety and Security, office of Grants and Research – Highway Safety Division (EOPSS/OGR/HSD) CPS grants?

## Experience

1. Provide a summary of previous experience with CPS projects of this type noting if you received a CPS Equipment grant from EOPSS/OGR/HSD between FFY 2011-2017
2. What were some of the successes of these previous activities?
3. What were some of the challenges of these previous activities and how did you address them?

### **Problem Identification**

1. Using census and community data, identify low-income families and other families with children in your community or service area and how you will target them with planned CPS activities.
2. If available, please provide data regarding car seat violations in your community or service area.

### **Proposed Programming**

#### **Program Activities**

1. Describe the CPS services you will provide to those who live and/or work in your community or entity's service area.
2. How will you educate the community on the necessity of properly installed car seats?
3. How will you conduct outreach to low-income populations to let them know about the availability of car seats?

**Public Information Plan**

4. Describe how you plan to notify your community or service region about your CPS services. Do you publish your efforts on the department website, social media platforms, local cable channel, newspapers, newsletters, or at community group meetings?

**Sponsors/Collaborations**

5. Describe any sponsors or collaborations that will help to support your CPS initiatives by assisting with CPS checkup events, educational initiatives, by providing equipment, etc.

**Self Sufficiency Plan**

6. Describe how you plan to continue the CPS program after the grant period ends. List anticipated funding sources, sponsors, etc.

**Budget**

7. Per the table below, how much are you requesting for the purchase of car seats?

Type of Entity	Maximum Request
Municipal department /College or University Police Department	\$3,500
Not-for-profit Hospital or Regional non-profit organization with a public purpose	\$5,500

## **Submission Instructions**

A qualified application packet must be based on the grant application form and all required attachments. Incomplete responses or unsigned applications may be disqualified, though EOPSS/OGR/HSD reserves the right to work with departments to obtain missing or incomplete information. Departments will be notified of their award amounts as contracts and applications are approved.

The completed hard-copy of the application, along with all completed requirements, must be submitted by mail or hand-delivered. An electronic version of this application is available at <http://www.mass.gov/eopss/funding-and-training/hwy-safety/grants/ff2018-hsd-opportunities-for-grant-funding.html>

**The deadline for receipt of application is August 18, 2017 at 4 PM.** Applications received after the deadline will not be accepted.

### **Application Checklist**

Please submit one original and one copy of each of the following documents:

- 2018 Contractor Authorized Signatory Listing\*
  - If the current Authorized Signatory or Signatories will not change then **this form is not needed**. If unsure of which police department personnel is listed, please contact EOPSS/OGR/HSD staff person listed below for verification.
- Departmental Seat Belt Policy
  - Please note: If your department does not implement a safety belt policy for personnel, your grant award will be reduced by 50%.
- Risk Assessment Form
  - Please complete sections B, C, and E.
- **One signed original** (signed in blue ink and stamped "original") **and one copy** (stamped "copy") of the application must be mailed or hand-delivered to:

EOPSS Highway Safety Division  
2018 CPS Grant Submission  
10 Park Plaza, Suite 3720  
Boston, MA 02116  
Attn: Alisa Leduc

  - In addition to the hard copy please email a copy of your application (in Word Document format) to [alisa.leduc@state.ma.us](mailto:alisa.leduc@state.ma.us)

Verify with EOPSS/OGR/HSD receipt of application prior to deadline due to potential mail delivery problems. Please contact Alisa (Ali) Leduc at (617) 725-3367 or [alisa.leduc@state.ma.us](mailto:alisa.leduc@state.ma.us) to verify receipt, or with any questions related to this grant.

Notification of awards will occur Fall/Winter 2017. Grant winners will be notified individually and a list of all grantees will be posted on the EOPSS/OGR/HSD website at [www.mass.gov/highwaysafety](http://www.mass.gov/highwaysafety).

**Additional Grant Contact Information**

Name	
Title	
Email Address	
Telephone	
Responsibilities relating to the grant	

Name	
Title	
Email Address	
Telephone	
Responsibilities relating to the grant	

Name	
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